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PATENT APPLICATION
Attorney Docket No. 26448-520

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a utility patent is sought on the invention entitled:

DIHYDROTHIAZINE PRODRUGS OF THIAZOLIUM AGENTS

the specification of which is being filed herewith, bearing Attorney Docket No. 26448-520.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

| Application No. <i>(U.S.S.N.)</i> | Filing Date <i>(dd/month/yyyy)</i> | Status <i>(Patented, Pending, Abandoned)</i> |
|---|--|--|
| 60/463,807 | 18 April 2003 | Pending |

I hereby appoint the attorneys and/or agents associated with Mintz Levin Cohn Ferris Glovsky & Popeo, Customer Number **30623** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Ivor R. Elrifi, Esq. at telephone number 617/348-1747.

Address all correspondence to Customer Number **30623**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

Signature of Emily Reinhard

Date

Full Name of Inventor: Emily Reinhard
Citizenship: United States
Residence: 51 John Street, Ridgewood, New Jersey 07450
Post Office: Same as above

Signature of Elliot Katten

Date

Full Name of Inventor: Elliot Katten
Citizenship: United States
Residence: 137-65 75th Road, Flushing, New York 11367
Post Office: Same as above